NO. OF COPIES RECEIVED		CONNEL CONNEL CON	Form C-104
DISTRIBUTION SANTA FE		SERVATION COMMISSION	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL G	A5
LAND OFFICE			RECEIVED
IRANSPORTER OIL			RELEIVED
GAS ,			1075
PRORATION OFFICE			DEC 4 1975
Operator			_ _
Atlantic Richfield Compa	iny		ARTESIA, OFFICE
Address	Law Martina 88240		ARTELIAT LITTE
P. O. Box 1710, Hobbs, M Reason(s) for filing (Check proper box)	New Mexico 30240	Other (Please explain)	
New Well	Change in Transporter of:	Change in locati	on of tank btty.
Recompletion	Oil Dry Gas	Eff: 11/01/75	
Change in Ownership	Casinghead Gas Condensa		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	ngtion Kind of Leas	e Lease No.
	20 Empire Abo	State, Federa	lorFee Federal NM-016788
Empire Abo Unit "L"	20 Empire Abo	k	
D 94() Feet From The South Line	and 330 Feet From	The East
Unit Letter ? ? ?			Country
Line of Section 1 Town	nship 18S Range	27Е , ММРМ,	Eddy
	TR OF ON AND NATURAL GAS		
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS X or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
Amoco Pipeline Company	2	300 Cont. Nat'l Bk. Bl	dg., Ft. Worth, TX76102
Rhiddipsorpet FUIEuther Compa	inghead Gas X or Dry Gas P	hillips Bldg., 4th & W	ved copy of this form is to be sent) ash., Odessa, TX 79760
Amoco Production Company	y	D. Box 367, Andrews, Is gas actually connected?	1X 19114
If well produces oil or liquids,	Unit Sec. Twp. Ege. F 6 18S 28E	Yes	12/21/61
give location of tanks.	h that from any other lease or pool, g		
If this production is commingled wit COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v
Designate Type of Completio		New Well Workover Deepen	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compr. Ready to From		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
		ter recovery of total volume of load of	l and must be equal to or exceed top alio
TEST DATA AND REQUEST F	OR ALLOWABLE able for this dep	oth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF
Actual Prod. During . Co.			
l			
GAS WELL	Lunch of Tool	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	iCE	OIL CONSERV	ATION COMMISSION
		APPROVED	<u> </u>
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED W.a. Gressett	
		TITLESUPERVISOR, DI	ISTRICT T
		This form is to be filed i	n compliance with RULE 1104.
D.L. Shack High C.		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title)		able on new and recompleted	wells.

November 26, 1975 (Date)

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Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.